

**CITY OF ARLINGTON
PAYROLL DIRECT DEPOSIT FORM**

Employee Name (Please Print)

1000 ____
Employee ID #

Please attach a "Voided" check or Bank documentation for each account.

*** Direct Deposit can take between 1-2 pay periods to start.**

PRIMARY ACCOUNT (NET PAY) ☐ NEW ☐ CHANGE ☐ CANCEL

NAME OF BANK _____

ROUTING # _____

ACCOUNT # _____ ☐ CHECKING/ ☐ SAVINGS

SECONDARY ACCOUNT (DEDUCTION) ☐ NEW ☐ CHANGE ☐ CANCEL

NAME OF BANK _____

ROUTING # _____

ACCOUNT# _____ ☐ CHECKING/ ☐ SAVINGS

AMOUNT (Deducted Per Paycheck) \$ _____

- I hereby authorize the City of Arlington to automatically deposit my payroll check into my account(s) listed above and includes authorization to correct any entries made in error.
- I understand that if my account(s) at the financial institution(s) listed above have been changed or closed, I must inform COA Payroll in writing. COA is unable to refund rejected monies until they are credited to the COA payroll account.
- This authority is to remain in effect until the City of Arlington has received a written notice of cancellation of direct deposit from me.

Employee Signature

Date

Contact Phone

RETURN COMPLETED FORM AND ATTACHMENTS TO NICOLE, PAYROLL MS 63-0800

City of Arlington EEO Supplemental Information

The City is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we ask that you complete this form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse action. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. This information will not be used to make any employment decision including, but not limited to promotions, transfers or demotions.

Gender

- ☐ Female
- ☐ Male

Disability

- ☐ No
- ☐ Yes

Veteran Status

- ☐ None
- ☐ Vietnam Era Veteran
- ☐ Special Disabled Veteran
- ☐ Other Eligible Veteran

Race/Ethnic Origin

- ☐ Asian/Pacific
- ☐ American Indian/Alaskan Native
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Other

Employee Name - Printed

Employee Signature

Date

City of Arlington Terminal Pay Beneficiary Designation

I understand that in the event of my death, my wages or other types of pay (i.e. final regular pay, overtime pay, holiday pay, sick and vacation leave hours, stability pay, current base pay for 2 pay periods, etc) will be paid to the person designated by me on this form. In this regard, I authorize the City of Arlington to make my final paycheck payable to the person designated by me on this form. Pursuant to the requirements of Vernon's Texas Probate Code Section 450, I convey my final paycheck to:

First Name	Middle Name	Last Name
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Social Security Number*

Date of Birth

Address

City

State

Zip

I understand that this written form will convey my final paycheck outside of my Last Will and Testament, if I have a Will, or outside of the intestacy statutes, if I do not have a will. Therefore, no persons other than the person listed above shall have any right to my final paycheck and will not be able to obtain this money from the City of Arlington.

Employee Name - Printed

Employee Signature

Date

EID #

* Privacy Act of 1974 Disclosure: **Authority:** Workforce Services, City of Arlington. **Routine Users:** The SSN is used to verify identity and to track persons in various systems. **Disclosure:** Voluntary. However, failure to furnish SSN may result in delay in processing this form.